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AN ABORIGINAL TOBACCO STRATEGY

FOR BRITISH COLUMBIA

Honouring our Health

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To protect and promote the health and well-being of Aboriginal people and their traditions by stopping tobacco misuse

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BRITISH COLUMBIA
Ministry of Health and
Ministry Responsible for Seniors

TOBACCO

My first teachings of the Sacred Traditions of North American Tribal Peoples was from my Grandmother, a Mohawk Medicine Woman, who I lived with from the age of three to the age of eight. One of the teachings around the Sacred Tobacco had to do with the tobacco plant's living process being a reflection of my own living process.

Tobacco seeds are very tiny and from one of these tiny seeds grows this beautiful five to eight foot tall plant from spring to fall in a single turning of the Medicine Wheel of the seasons. My Grandmother began the teaching by showing me one of these tiny seeds and explaining that everything that was necessary for the mature plant was in that tiny seed and these great gifts of beauty and power would manifest themselves if the seed and the growing plant were in the proper nurturing and caring environment. She then went on to say that just as with the tobacco seed–the Creator had placed in me all the gifts I needed to become a complete and whole human being so long as I were in the proper nurturing and caring environment. As the tobacco seedlings grew and matured–she regularly revisited them with me–deepening the teachings–that I may have in my heart a living appreciation of the process of life and my own connectedness with my own gifts and with all life. When we make offerings of tobacco to the forest, the water, the fire, the earth, or when we use the tobacco in Sacred Pipe Ceremonies–we are honouring these connections and expressing our deep gratitude for the beauty of life and for the peace that can be in our hearts when we walk in the Sacred Way of our ancestors.

In learning, so young, many of the Sacred Traditions of our relationship with tobacco–I came to appreciate as an adult that when tobacco is used as a commodity or used to feed an addiction–it is not being used in a Sacred Way.

David Spirit Eagle Somerville

David Spirit Eagle Somerville, *Traditional Healer*

Honouring our Health

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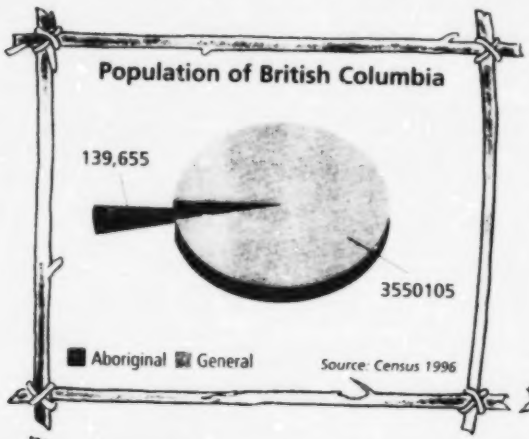
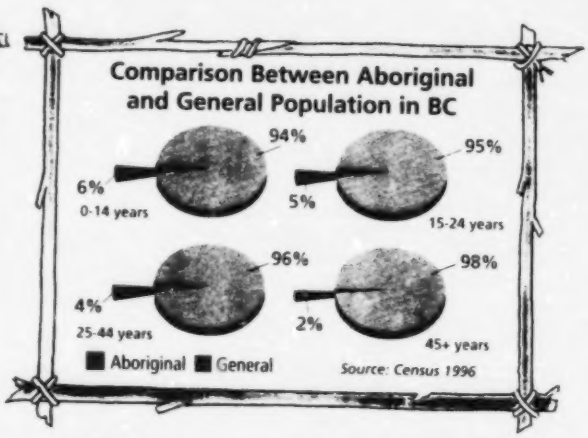
1.0 Characteristics of the B.C. Aboriginal Population

The Canadian Constitution recognizes three groups of Aboriginal people —Indians, Métis, and Inuit. These are three separate peoples with unique heritages, languages, cultural practices and spiritual beliefs.

1.1 *Population Size*

According to the 1996 Census, the Aboriginal population of B.C. is 139,655 — approximately 3.8% of the total B.C. population. About 70% of the population lives off reserve. The remaining 30% lives on reserve. (Health Canada, 1999)





	0-14 YEARS	15-24 YEARS	25-44 YEARS	45+ YEARS	TOTAL
Aboriginal Population	44,805	24,790	45,410	24,650	139,655
General Population	690,250	458,270	1,167,520	1,234,060	3,550,105
Total BC	735,055	483,065	1,212,930	1,258,710	3,689,755

Determining the Aboriginal population of B.C. is not a straightforward procedure. There are several reasons why this is so. (Health Canada, 1999)

The 1985 *Act to Amend the Indian Act* (Bill C-31) enabled people affected by the discriminatory provisions of the old *Indian Act* to apply to have their Indian status restored. This Act has played a significant role in Aboriginal population growth.

- In censuses previous to 1996, counts of Aboriginal people were derived primarily from a question which asked respondents about their ancestry. The 1996 Census asked both an ancestry and an identity question. For this reason, 1996 data cannot be directly compared with ancestry-based data from previous censuses.

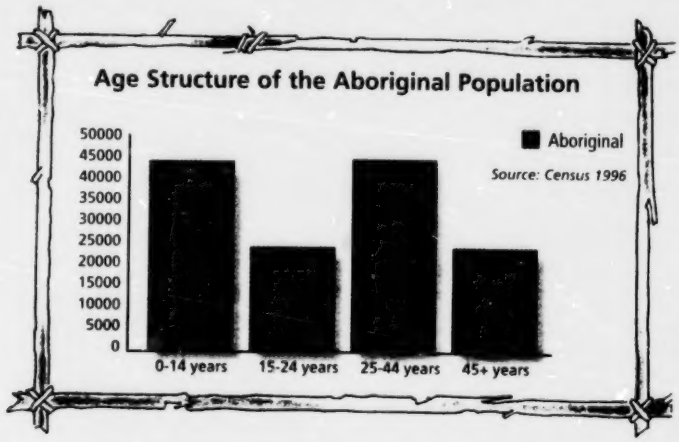
- There has been poor enumeration of Aboriginal persons other than Status Indians. To complicate the situation, many Aboriginal people are not certain of their Aboriginal status and may not identify themselves as Aboriginal in surveys, or may inconsistently report their Aboriginal ancestry.

- Seventeen of the 197 Indian reserves in B.C. were incompletely enumerated and not included in the census counts. It is possible that the 1996 Census may have underestimated the B.C. Status Indian population by as much as 21%.

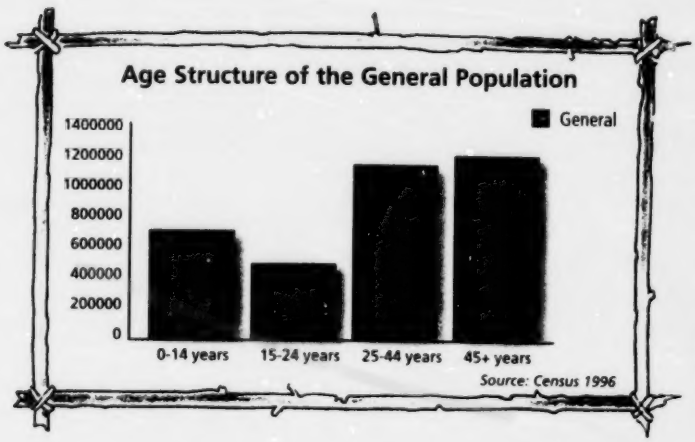
- The Aboriginal population has high birth and death rates relative to the total population. The Status Indian population is growing at twice the rate of the non-Aboriginal population.

1.2 Age structure

Fifty percent or 69,595 of B.C.'s Aboriginal population is 24 years and younger compared to 32% for the general population. Only 18% of the Aboriginal population is 45 years or older compared to 34% for the general population.



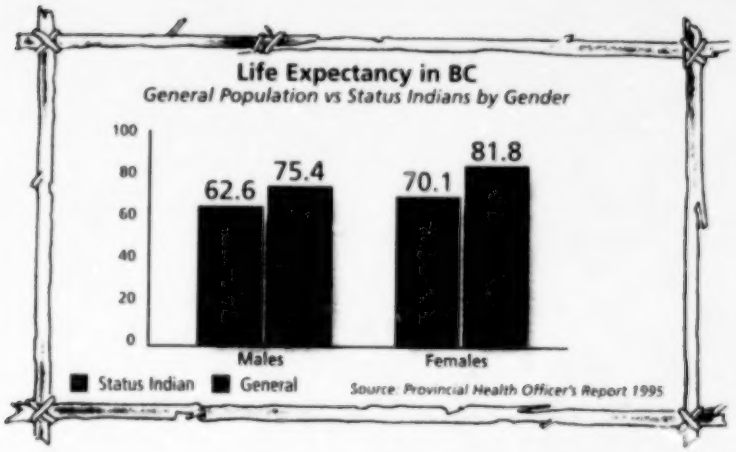
YEARS	ABORIGINAL POPULATION
0-14	44,805
15-24	24,790
25-44	45,410
45+	24,650
TOTALS	139,655



YEARS	GENERAL POPULATION
0-14	690,250
15-24	458,275
25-44	1,167,520
45+	1,234,060
TOTALS	3,550,100

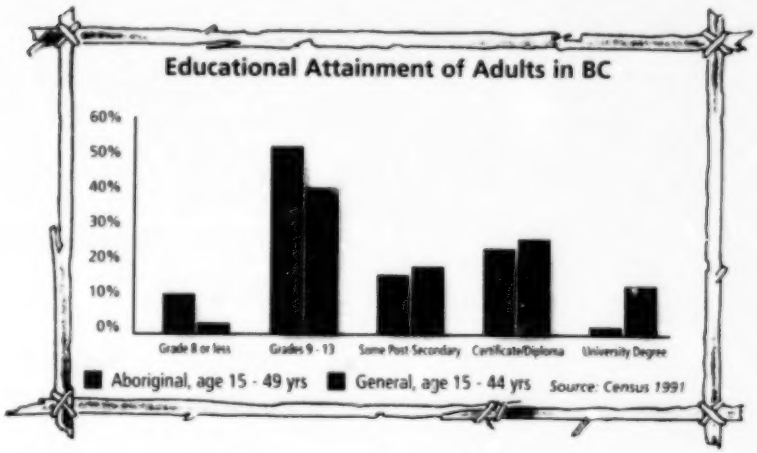
1.3 Life Expectancy

Aboriginal people have 12 years less life expectancy than the population overall.



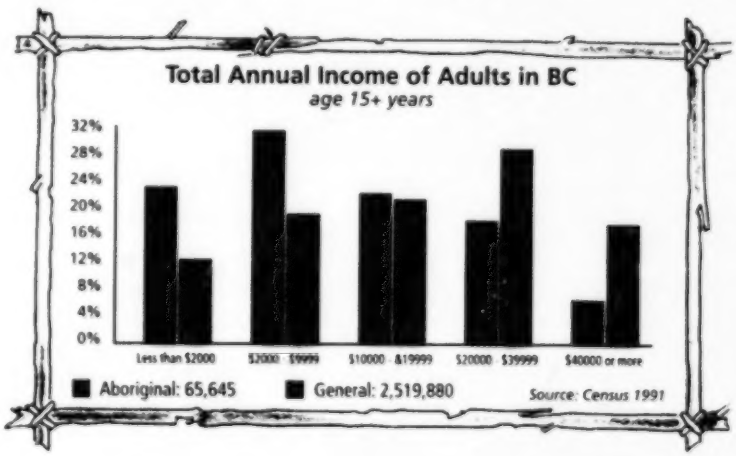
1.4 Education

The educational attainment of Aboriginal adults, age 15-49 years, is as follows: 10% have Grade 8 or less, 51% have Grades 9-13, 15% have some Post-secondary, 21% have a Post-secondary Certificate/diploma, and 3% have a University degree.



1.5 Income

Of the total B.C. Aboriginal population, age 15+ years, 23% earn less than $2,000, 31% earn $2,000 to $9,999, 22% earn $10,000 to $19,999, 18% earn $20,000 to $39,999, and only 6% earn $40,000 or more.



2.0 Tobacco Use Among Aboriginal Peoples in B.C.

Smoking and chewing tobacco has been part of the "Indian" way of life for many years. Because of this, there is confusion, or perhaps denial, on the part of many Aboriginal smokers as to what is authentically traditional and what is addiction. The boundaries and distinctions between misuse and cultural use are not always clear.

2.1 *Tobacco and Culture*

Ancient Times [1]

North American tribes have used tobacco as a medicine and in ceremony for thousands of years before contact with the Europeans. The large and leafy plant is native to tropical America but can be grown in cooler climates. It is thought that the ancient Maya may have brought the plant to North America.

There are several beautiful stories and teachings of how the Creator instructed Native people to grow, prepare and use the plant for spiritual purposes. Many of the stories forewarned of the illness, suffering and death that would befall humans if they misused tobacco.

For thousands of years, Medicine men and women carefully cultivated the plant, picking it at exactly the right time and curing it in the sunlight. It would then be blended with other plants native to the area, such as sage, lavender or sweetgrass, to be smoked in ceremony. People treated the plant with a great deal of respect.

The smoke from tobacco that was burnt on sacred fires carried prayers to the spirit world. Tobacco was also left on the earth as an offering of thanks. It was carried in medicine bundles or given as a special gift. The practices varied according to the people and their ceremonies. Like so much else, all of this was to change when the Europeans made contact with First Nations people.

Colonization

The Europeans immediately recognized the importance of tobacco in Native culture, even if they did not understand the spiritual meaning behind its use. Explorers and traders quickly began exploiting the value of tobacco as an important trade good (Reading 1996).

1. Exerpted with respect and thanks from Holmberg-Schwartz, D.A. (1997) **Catching our Breath: A Journal About change for Women Who Smoke.** Winnipeg. Women's Health Clinic

The Hudson's Bay Company and the North West Company "gave" tobacco and alcohol in so-called "gift-giving" ceremonies to attract Native people into trading with them. Native people made a distinction between their original "true tobacco" that they grew themselves and the tobacco grown in South America and imported by the Europeans. They continued to use their own tobacco in religious ceremonies and began using the imported tobacco for recreational purposes (Reading 1996).

Forced Assimilation

We now know that the government's ban on all traditional ceremonies made it almost impossible for Native people to teach their children how to grow and use tobacco in sacred ways. During this same time in history, Native people were pressured to adopt the social practices of non-native society — this included smoking cigarettes. For example, people who survived residential school tell us that often priests and nuns would offer them cigarettes once they reached an age of "maturity". Smoking cigarettes provided a small moment of relief for people in residential school and for many the smell and the sight of tobacco was a way to hold on to the connection to home.

Traditional Use in British Columbia

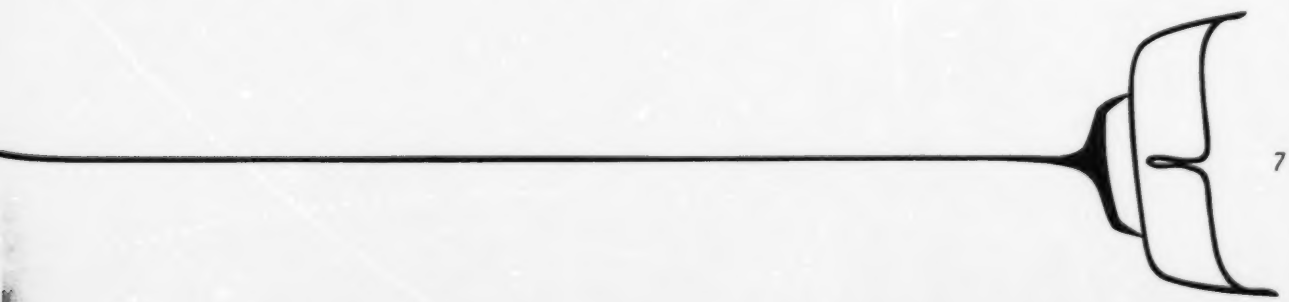
Many, but not all tribes in British Columbia had an ancient/traditional relationship with tobacco. Some people suggest that this is because tobacco does not grow well in wet climates and so it would not have made a practical medicine. Other researchers say that there is historical documentation of it being grown and traded by the Haida. (Reading 1997) Researchers and Inuit people tell us that the Inuit did not have an ancient or sacred relationship with tobacco.

The Métis have had a strong bond with tobacco that spans hundreds of years — or perhaps thousands — if you consider use by the First Nations ancestors of the Métis. As well, tobacco trading was an integral part of the fur trade. And it is told that smoking was so inextricably woven into the daily life of the Métis, that distances on waterways were measured in "pipes" — that is how many pipes could be smoked between one place and the next.

The First Nations of B.C. who do have a historical and traditional relationship with tobacco share teachings and stories similar to those of the Plains and Eastern Tribes.

Contemporary Cultural Use in British Columbia

Cigarettes and pouches of commercial tobacco are given as gifts to Elders and Teachers, where in the past loose tobacco would have been bundled and given. The metal lids off snuff cans are shaped into cones and form the bells on the dresses of Native Jingle Dancers. These are not necessarily "bad" practices. Our cultural advisors tell us



that it is more important to look at the intention and the purpose behind the use than it is to become legalistic about what is cultural and what is not.

At the same time, Aboriginal people are encouraging a movement away from using commercial tobacco. The American Indian Tobacco Network sees the practices of the tobacco industry as corrupt and views the commercialization of tobacco as an offense against Indian people and an abuse of the plant itself.

Survival

The traditional teachings about tobacco were never lost. To this day, thousands of Native people use this sacred plant in rituals and ceremonies. It is still given as a gift to honour Teachers and Elders. It continues to be burned in sweat lodges and used in prayer. Native organizations have established seed banks to replenish the supply of indigenous plants, so that Native people can once again grow and cure their own tobacco. And Aboriginal children are being taught to know tobacco as a Sacred Plant and Medicine.

2.2 *Prevalence of Misuse*

Tobacco misuse is defined as the non-traditional use of commercial tobacco. This definition includes smoking cigarettes, cigar/cigarillo, pipes and using smokeless tobacco (i.e., snuff, pinch and chewing tobacco). Smoking cigarettes is the most common form of tobacco misuse.

About 55,000 Aboriginal people in British Columbia misuse tobacco. The total number of people in B.C. who misuse tobacco is 715,000. Aboriginal people are disproportionately represented in the smoking population — comprising 8% of the smoking population as compared to representing only 3% of the general population.

Three major surveys conducted since 1991 report on the smoking rates of Aboriginal people. Each survey reports a different result, but they agree that Aboriginal people have smoking rates that are at least double the rates for non-aboriginals.

The Aboriginal Peoples Survey

The Aboriginal Peoples Survey (APS) conducted in 1991 by Stats Canada showed that prevalence rates vary by region, nationhood, and socioeconomic status.

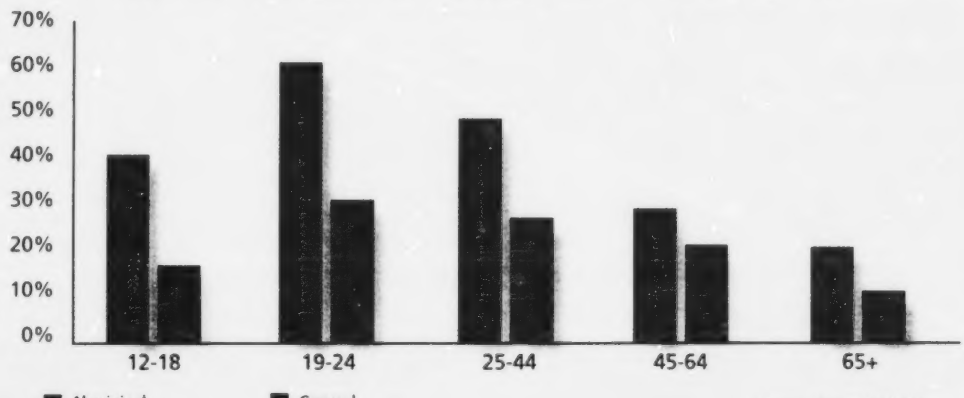
- Overall 57% of Aboriginal adults are smokers.
- Inuit people have the highest prevalence of tobacco use at 72%.
- 57% of Métis are current smokers.
- 56% of First Nations people are current smokers.

- Aboriginal people with less than Grade 9 education are twice as likely to smoke (57%) as university graduates (29%).
- More than half of Aboriginal teenagers (54%) are smokers, rates increase to 65% among those aged 20-24.
- Northwest Territories found that by age 19, 71% of Inuit, 63% of Dene and Métis, and 43% of non-Native youth were regular or occasional smokers.
- 12% of boys and 7% of girls use chewing tobacco, some as young as 5 to 9 years (Fact Sheets on Tobacco Use Among High Priority Groups 1995).

Tobacco Use in British Columbia Survey

The 1997 Angus Reid Survey Tobacco Use in British Columbia reported significantly higher rates for Aboriginal people compared to the general population.

Current Users of Any Form of Tobacco Among the Aboriginal Population vs. the General population in BC by Age Group

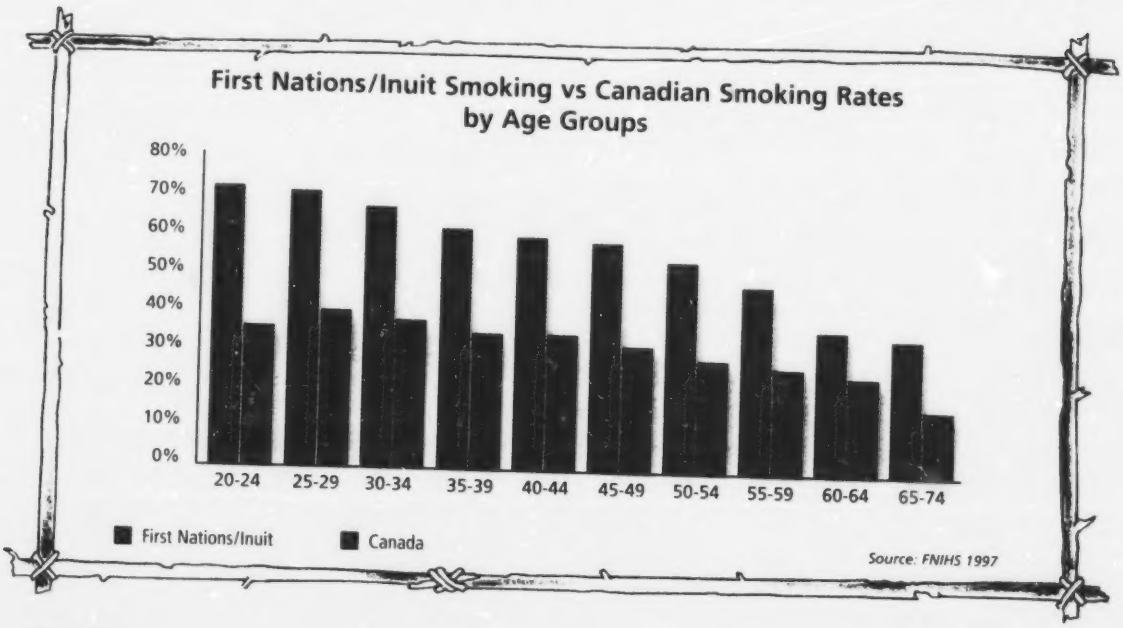


Comparing the Percentage Rates of Aboriginal vs. General Population Smokers in B.C.

	12-18 YEARS	19-24 YEARS	25-44 YEARS	45+ YEARS	65+
Aboriginal Population	41%	61%	49%	29%	21%
General Population	16%	31%	27%	21%	11%

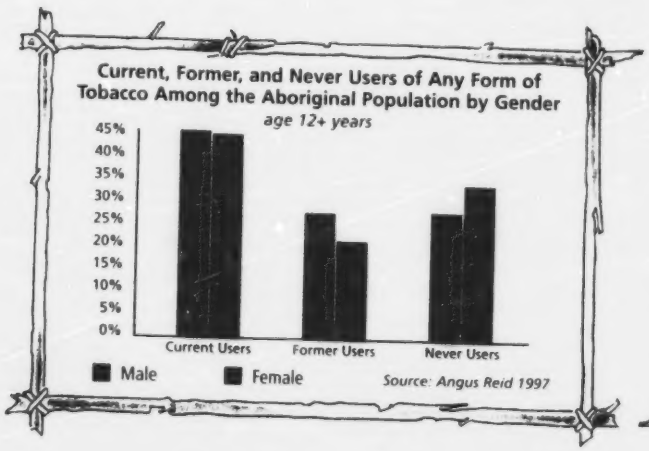
First Nations and Inuit Regional Health Surveys

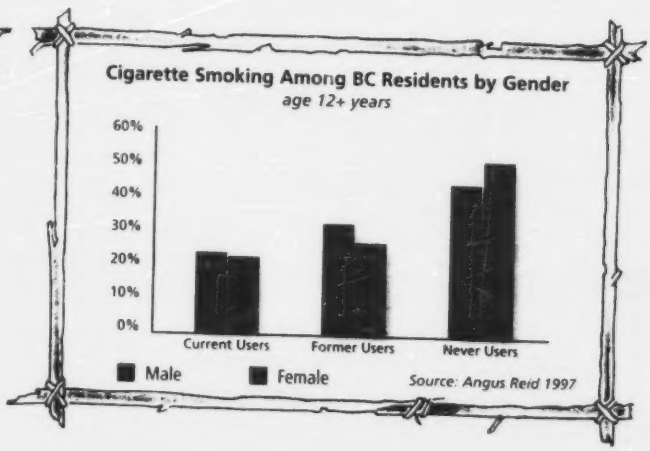
The First Nations and Inuit Regional Health Surveys conducted in 1997 by Health Canada report significantly higher rates of smoking for Aboriginal people compared to the general population.



Gender

Forty-five percent of Aboriginal males use tobacco and 23% of males in the general population use tobacco. Aboriginal females have a 44% tobacco use rate and females in the general population have a 21% rate.





2.3 Predictors of Misuse

Smoking in Aboriginal culture is a highly social practice. Smokers tell us that the strongest influencing factor in their decision to smoke is family and friends. So as obvious as it might sound, the major predictor of smoking and chewing tobacco is:

- Having friends who smoke or chew tobacco or living with people who smoke or chew tobacco.

Findings from the *Tobacco Reduction Strategy Study* (AHABC 1998) suggest that other contributing factors are:

- Availability and low cost of tobacco products
- Stress

Doherty and Allen (1994) found in their study into the role of family functioning and smoking:

- Adolescents are more likely to smoke if they have parents who smoke and if they are part of a poorly functioning family.
- These adolescents had twice the smoking rates compared to those who had parents who smoked but were part of well functioning families.

Age is a predictor of smoking for all people–with the majority of smokers starting before the age of eighteen. Recent studies show that Aboriginal children start at about nine years of age–much younger than non-Aboriginal youth.

Experience and research is teaching us that one of the main ways we can reduce the uptake of smoking among youth is to provide activities for families that build parenting skills, self-esteem and family cohesion.

2.4 Health Consequences

There are nearly 6000 smoking-related deaths in British Columbia every year. The negative health consequences of smoking are well documented. Smoking is a major cause of:

- Heart disease
- Stroke and diseases of the blood vessels
- Cancers including those of the lung, oral cavity, urinary tract and cervix
- Respiratory diseases
- Increased risks associated with pregnancy outcomes such as low birth weight

Second-hand smoke can cause similar diseases to develop in non-smokers exposed to it.

Smokeless tobacco can cause cancer of the oral cavity and other serious problems affecting the mouth, teeth and gums.

The 1995 Statistical Report On The Health Of First Nations in British Columbia (MSB 1995) reports that:

> *"The 1995 Statistical Report on the Health of First Nations in British Columbia produced by Health Canada's Medical Services Branch, reported that the Age Standardized Mortality Rate (ASMR) for Status Indians, was slightly higher (25.4 per 10,000), than the provincial ASMR (19.7) for the period 1987 to 1992."*

Even if we account for the fact that these numbers are for Status Indians only, the figures still seem to be lower than we would expect, given that Aboriginal people are disproportionately represented in the smoking population–comprising approximately 8% of the smoking population as compared to 3.8% in the general population.

Further investigation is needed to learn more about the impact of smoking on the health of Aboriginal people. Important questions beg to be answered. For example:

- How many smoking related deaths occur each year within B.C.'s total Aboriginal population (non status, Metis and Inuit)?
- How do the treatment outcomes for Aboriginal smokers diagnosed with smoking-related diseases compare to non-aboriginal people?
- Given the high ASMR for other diseases, motor vehicle accidents, suicide and alcohol-related deaths–does the following statement hold true for Aboriginal people?

Smoking causes more deaths than homicide, suicide, motor vehicle accidents, drugs and alcohol, and AIDS combined.

3.0 Lessons from Other Community-Based Strategies

3.1 *Definitions*

Community — n., A group of people living in the same area and under the same government; a class or group having common interests or likes (Webster Dictionary, 1991)

Community-Based Tobacco Strategy

"...a comprehensive and balanced integration of community policies, programs and services designed to protect, prevent and promote cessation through the active collaboration of local citizens and organizations." (INSTITUTE OF HEALTH PROMOTION RESEARCH, 1994)

3.2 *Community Development*

Based on an analysis of the best community-based cardiovascular disease (CVD) health promotion programs, Mittlemark and his colleagues (1993) summarize key principles for effective community development:

- The most critical decision in the genesis of a community-based program is the selection of a community organizer.
- The most critical intervention is the training of that person.
- The most critical resource is the technical support provided to that person.

Aboriginal educator Bill Mussel outlined the following elements of an effective community development strategy to address suicide prevention during the Sharing Our Healing Aboriginal National Health Conference in June 1997:

- Cultural and spiritual revitalization
- Strengthen bonds of family and community
- Focus on children and youth
- Use a holistic approach
- Whole community involvement
- Develop partnerships
- Exercise community control

3.3 *Strategies that Work*

The U.S. National Cancer Institute: COMMIT

An excellent example of a community-based strategy was the successful U.S. National Cancer Institute (NCI) funded Community Intervention Trial for Smoking Cessation (COMMIT), a multicentre project designed to reach smokers. The COMMIT Research Group (1996) based their strategy on several key ideas:

- The important circumstances supporting a person's decision to smoke are social.
- The best way to change behaviour is to intervene through social structures within a community.
- Interventions delivered through community channels reach larger proportions of the smoking population than is possible with individually orientated programs.
- The goal is to create a social climate that does not support tobacco use.

The underlying assumptions of the COMMIT strategy ring true within Aboriginal communities. Results from the Aboriginal Health Association of B.C. Tobacco Reduction Strategy Study (1998) and the demonstration projects showed that both adult and youth smokers report:

- Peer and family relationships have the greatest influence in their decision to use tobacco.
- They smoke most when socializing during recreational events such as Bingo, as well as ceremonial occasions such as funeral feasts where cigarettes are often put in a bowl on the table along with the food.
- Easy access to tobacco and its low cost on reserve supports smoking.
- Tighter controls on tobacco and smoke-free zones would support their efforts to quit, but feel these initiatives would have to be approached collectively, since individualistic "crusades" conflict with Aboriginal values.
- Social acceptance and tolerance of smoking allows it to continue.

Aboriginal Traditions in the Treatment of Substance Abuse

Dr. Rod McCormick, Director of the Native Indian Teacher Education Program at the University of British Columbia cites key findings of several researchers and outlines the philosophy, principles and activities of successful treatment programs for Aboriginal people (McCormick, 2000).

- Interventions in Aboriginal communities can complement the movement towards self-determination.
- Community involvement is essential.

- Community must acknowledge that a problem exists and then commit to addressing it.
- Family and extended family plays an important role in determining positive and negative behaviours.
- Aboriginal substance abusers named family, after spiritual support, as the cause of their recovery.

The guiding philosophy of successful programs was "Culture is Treatment" which has now become the motto of the Round Lake Treatment program. Treatment involves:

- Traditional Aboriginal healers who can teach ceremonies and spiritual practices such as the sweat lodge.
- Community members being introduced to cultural activities such as pow-wow dancing and drumming.

"Many Aboriginal elders and healers believe that a reconnection to culture, community and spirituality is healing for Aboriginal people"..." The success of programs using this philosophy/strategy has been phenomenal." (McCormick, 2000).

Love and Survival - A Strong Case for Community and Family Connections

Dr. Dean Ornish is a medical doctor and researcher who studies the contributing factors and effective treatments for heart disease. In his book Love & Survival: The Scientific Basis For The Healing Power Of Intimacy (1998) he cites several studies that reveal the powerful influence of love, intimacy and community connection in health.

"Loneliness and isolation affect our health in several ways:

- They increase the likelihood that we may engage in behaviors like smoking and overeating that adversely affect our health and decrease the likelihood that we will make lifestyle choices that are life-enhancing rather then self-destructive.
- They increase the likelihood of disease and premature death from all causes by 200 to 500 percent or more, independent of behaviors, through different mechanisms, many of which are not fully understood.
- They keep us from fully experiencing the joy of everyday life.

It is very difficult to motivate people to make even simple changes in behavior like quitting smoking... when they feel depressed lonely and isolated" (pp. 13-14).

Dr. Ornish's ideas resonate with the teachings of Aboriginal Elders and make a strong argument for developing tobacco reduction interventions that promote community, connection and meaning.

4.0 A Community-Based Aboriginal Tobacco Strategy

The Aboriginal Tobacco Strategy is a community-based strategy. It is designed to be an integral component of the B.C. Tobacco Strategy. Its purpose is to strengthen the provincial strategy by ensuring it meets the needs of Aboriginal people. It intends to do this by including the ideas, values and participation of Aboriginal people.

Aboriginal strategies are based on a framework different from most non-Aboriginal strategies. Often people think of strategies as maps or labeled timelines. However, many Aboriginal people prefer the circle as a conceptual model for life and learning because it allows for tremendous creavity and diversity.

This Tobacco Strategy is based on a circle structure. This model is a visual representation of the concept holistic —which is what community members have asked for in a Tobacco Strategy. It physicalizes the interaction between strategy components: goals, people and activities.

4.1 *Aboriginal Community*

Communities can be conceptualized as circles within circles. Communities include babies, children, youth, adults and Elders, each with diverse abilities, personalities, and levels of well-being. Children are treasured in Aboriginal communities. Family ties are strong.

Traditionally, Elders are the teachers in Aboriginal communities. Among other responsibilities they have the honour of transmitting history and cultural practices and spiritual wisdom. A community's health is often determined by the health and vitality of its Elders.

Because of the devastating effects of residential schools (and other government attempts at assimilation) many communities have lost their Elders - either in spirit or in body. In these situations community members who are recognized for their skills and wisdom are called to step forward to teach and help communities grow strong. These individuals are not Elders in the traditional sense, but are valued by community members just the same. These individuals are often referred to as cultural advisors, teachers or traditional healers.

4.2 *What Community Members Told Us*

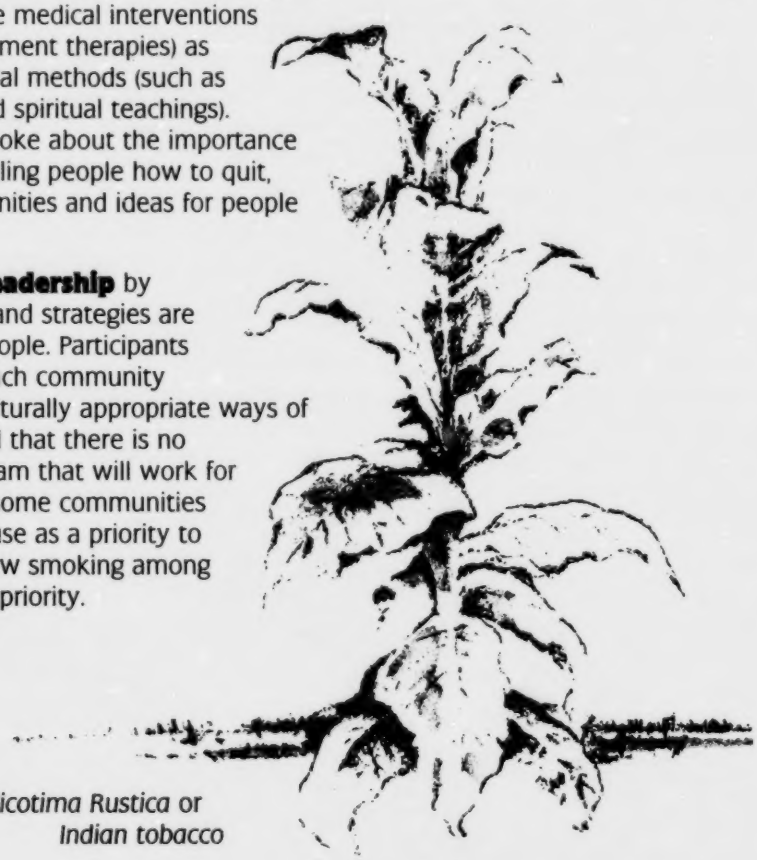
(...during the Aboriginal Health Association Regional Tobacco Workshops in January 1999)

Involve the Elders by inviting them to schools, community groups, support groups and information sessions where they can re-educate people about traditional uses of tobacco and traditional ways of staying healthy.

Have role models for different groups such as: a young mom who quit smoking, a community leader, an athlete, a middle-aged man/woman who quit smoking in response to an illness or health crisis and so on. Involve high profile Aboriginal people in a health promotion campaign.

Honour Many Ways by offering programs that suit the needs of all types of smokers at different stages of life. This includes support groups, individual strategies, health promotion in schools and in the community and "clean air" policies in public places. Workshop participants echoed the suggestions put forth by the focus group participants in July 1998. They suggested that "treatment" include strategies such as: "detoxification" programs or retreats and that these programs make available medical interventions (such as nicotine replacement therapies) as well as traditional, cultural methods (such as traditional medicines and spiritual teachings). Community members spoke about the importance of not "preaching" or telling people how to quit, but of providing opportunities and ideas for people to change.

Support Aboriginal Leadership by ensuring that programs and strategies are created by Aboriginal people. Participants believed strongly that each community needs to find its own culturally appropriate ways of addressing this issue and that there is no singular Aboriginal program that will work for everyone. For example, some communities see smokeless tobacco use as a priority to address, while others view smoking among pregnant women as the priority.



Nicotima Rustica or
Indian tobacco

4.3 *Values, Activities and Goals*

The Aboriginal Tobacco Strategy uses categories similar to the Provincial Tobacco Strategy to organize its goals. The Aboriginal Tobacco Strategy emphasizes the guiding values at the center of the activities.

Wisdom

Protection activities are based on this value because they involve teaching and guiding. Prevention projects help people remain free from smoking and/or using chewing tobacco.

Respect

Protection activities are based on this value because they involve respecting the rights of others as well as caring for our environment. Protection projects protect people from exposure to second-hand smoke.

Honour

Promotion activities are based on this value because they remind us to care for our health. Promotion projects increase the knowledge, resources and capacity of communities to promote health and well-being.

Truth

Public education activities are based on this value because they remind us to be honest about tobacco misuse. Public education projects increase awareness of the toxic and addictive nature of commercial tobacco and the health consequences of using it.

Courage

Compliance activities are based on this value because they require us to stand up for what is right. Compliance projects prevent the sale of tobacco to minors.

Healing

Cessation and reduction projects help smokers and/or people who chew tobacco and want to quit or reduce their misuse of tobacco.

Cooperation/Generosity

Community support activities that assist communities with action, training, resource material and consultation are based on these principles.

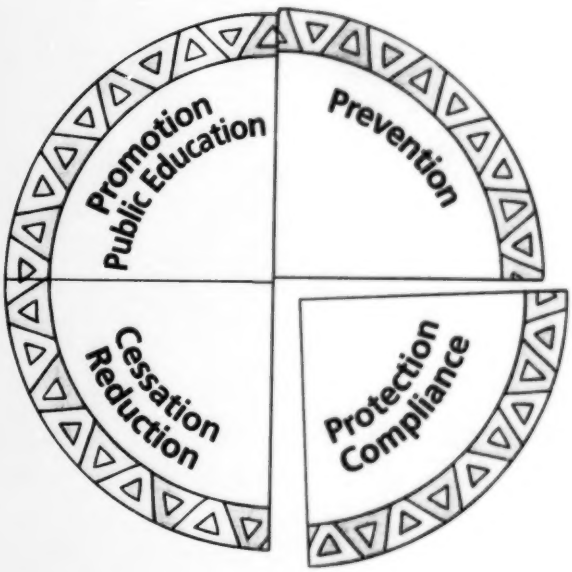
Reflection/Renewal

Research/Evaluation activities that assist communities to develop best practices and monitor change are based on these principles.

4.4 *Communities, Values, Goals and Activities - Model*

Community
Communities can be conceptualized as circles within circles. Communities include babies, children, youth, adults and Elders, each with diverse abilities, personalities, and levels of well being.

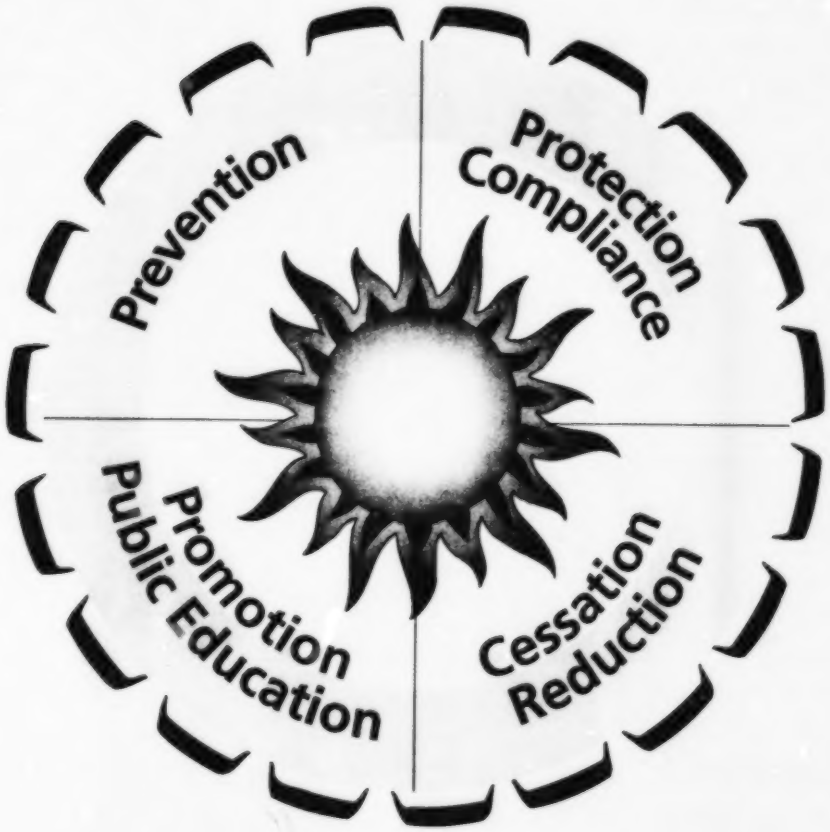
Values
Each nation has its unique cultural and spiritual values. Values are at the heart of the community. They infuse all activities. Cultural values must be at the centre of the tobacco strategy.



Goals and Activities
Effective strategies include a blend of policy, public education and programs to prevent children from misusing tobacco and to help people quit.

4.5 *Vision - Model*

"To be truly healthy, we need to integrate all that is effective in modern medicine and technology. We do this for ourselves in the communities we live in. This is our way, this is our right. It is natural and healing. The circle is our structure, the Elders are our guides. They are always there for us in everything we do."
(from the Introduction of the Sharing Our Healing Conference, AFN 1997)



5.0 Strategic Priorities, Issues, and Actions:

Year One

Prioritize Community Development and Relationship Building

In the Ministry of Health's experience, the invaluable lessons learned from the demonstration projects reveals that much more work needs to be done in building community capacity. Ideally, one of the goals in mobilizing the community in support of an Aboriginal Tobacco Strategy is to create the environmental conditions that will encourage and reinforce tobacco reduction activities in Aboriginal communities.

For example, although community health workers identified tobacco misuse as a serious health issue, many found themselves without the training, resources and networks, and often without the understanding, support or encouragement from the leaders in their community and organizations to implement their tobacco reduction initiatives.

Again, research shows that communities who take the time to build strong networks experience more success when it comes to implementing new programs. Given this, the Ministry of Health will focus its activities on:

- Strengthening existing networks.
- Better distributing existing resources.
- Integrating tobacco education into existing programs.
- Building relationships conducive to tapping both the knowledge and experience provided through a regionalized health system.

To that end, the strategy priorities, issues and actions identified outline the Ministry of Health's plan of action, in partnership with the Aboriginal community.

5.1 *Mobilizing Aboriginal Leadership*

- Establish a Tobacco Working Group of six regional representatives. The Tobacco Working Group provides a very cost-effective "infrastructure" for the Strategy. It serves a critical function and will be adequately resourced.

  - Members will be properly orientated and supported to do their duties. We need an energetic, highly interested and committed group. Therefore, members will be made aware of what is expected of them before they commit to participating. Many steering committees become expensive or extraneous simply because they are under utilized. We cannot afford to repeat this pattern.

  - Demonstration project staff will be excellent candidates. Because of their direct involvement in delivering services in their communities they will have keen insight into the programs that work best as well as the geographic, social and political logistics of delivering programs.

- The mandate of the Tobacco Working Group will be to:
  - Provide leadership/coordination.
  - Direct the Ministry of Health in determining funding allocations and priorities for community projects.
  - Act as an information conduit between communities as well as between government and communities.
  - Organize provincial initiatives such as the proposed "Honour Your Health Challenge."
- Participation in the Tobacco Working Group provides a unique professional development opportunity for members and will assist them to build expertise in tobacco education.
- Tobacco Working Group members will act as liaisons to the Regional Tobacco Reduction Coordinator in their area as well as provide presentations and information to local Aboriginal organizations and Band Councils.
- Use the networks of the Tobacco Working Group members to enlist the involvement of diverse community organizations and members at a local level.
  - Business owners as well as cultural group leaders and athletic coaches (for example) should be recruited to sit on local tobacco strategy committees.

5.2 Joining the Larger Vision of Cultural Re-Vitalization

- Develop a strategy presence by participating in local, regional and national Aboriginal Health, Sport and Cultural events. Integrate cultural activities such as dancing, traditional cooking and drum making into tobacco reduction activities.
  - ♦ This could be as simple as setting up an information booth and/or distributing promotional items such as key chains or bingo dabbers.
  - ♦ Sponsor fun events and cultural classes such as basket making, drumming, dance and traditional cooking.

5.3 Generating Community Enthusiasm/ Enlisting Volunteers

- Community-based strategies require volunteer effort. Special events are excellent ways to draw volunteers because they are perceived as one time tasks with clear attainable goals. For example, Quit-to-Win contests and other health challenges have proven to be an effective way of generating community enthusiasm and motivating people to quit.
- Create a provincial campaign to catch the attention of the community at large as well as the media–an example might be a provincial event such as an "Honour Your Health Challenge."
- Engage local, provincial and national Aboriginal media.
- Involve Aboriginal entertainers and role models.
- Reward everyone who participates.

5.4 Strengthening Relationships with Health Authorities

- Offer cross-cultural training with Regional Tobacco Reduction Coordinators (RTRCs) and Tobacco Enforcement Officers (TEOs), and appropriate Aboriginal community service providers and/or Band Council members.
- Increase the knowledge base of non-Aboriginal tobacco reduction service providers by distributing information on Aboriginal services, networks and communities.

5.5 *Developing Community Capacity*

- Train and support Aboriginal service providers and health care workers to deliver tobacco education/reduction programs and/or develop policy. The training workshops that were implemented for the demonstration project staff were very successful. These workshops also functioned as effective networking events.
- Invite provincial specialists in tobacco reduction, Elders and cultural advisors to deliver components of the training.
- Facilitate the distribution of existing tobacco resources such as bc.tobaccofacts curriculum and related resources to Aboriginal communities and organizations.
  - Several Aboriginal communities do not have basic pamphlets, posters or curriculum. A short questionnaire could be sent to Tribal Councils and Friendship Centres (for example) to ask them about the types of resources they already have and what they would like. The requested resources could be purchased in bulk to save cost and mailed to organisations. An inventory/library list of resources could be developed to facilitate the sharing of expensive resources, such as videos, between communities.

5.6 *Integrating With Existing Health & Social Initiatives*

- Link with and access the resources and networks of non-profit organizations such as The British Columbia Lung Association, The Canadian Cancer Society British Columbia and Yukon Division, The Heart and Stroke Foundation of B.C. and Yukon, Prevention Source B.C., the National Clearinghouse on Tobacco and Health etc.
  - These non-profits already have some connections within Aboriginal communities and have expressed their eagerness to strengthen those connections. Many non-profit organisations as well as service organizations show a great deal of interest in an Aboriginal Tobacco Strategy. The launch of a new strategy is a good time for Aboriginal people to become part of established networks.
- Partner with Federal initiatives underway to train Community Health Representative and Native Alcohol and Drug Program counselors in tobacco reduction.
- Enhance Aboriginal access to existing services such as the Quitline at 1-877-455-2233.

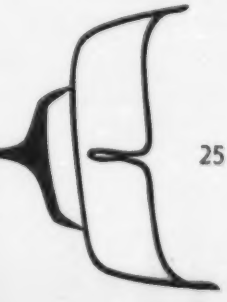
- Integrate tobacco education/reduction programming into Aboriginal pre-employment programs, pregnancy outreach, youth groups, parenting programs, and Elders Circles. Several demonstration projects approached their reduction activities in this way and found it a cost-effective and efficient way of reaching smokers.

5.7 *Blending Best Practices with Best Traditions in Prevention and Cessation Programs*

- Adapt current resources to suit cultural/community needs. Although there are only a few Aboriginal specific tobacco education resources, they are quite good and are under-utilized. Adapting resources can be as straightforward as increasing the size of print on a poster - it does not necessarily involve big changes. Most of the demonstration projects found existing resources were easily adapted.
- Include Elders and cultural advisors in the development and delivery of services. Communities need to be creative and flexible in including the participation of Elders. For example, many Elders prefer one-on-one visits in their home rather than being part of a large group.
- Continue current community and school-based prevention and protection activities, such as campaigns for smoke-free homes and community events.
- Offer programs for smokers and those who chew tobacco based on culturally appropriate models such as the Talking Circle, which is flexible, inclusive, relies on peer support and is sustainable. Blend both traditional approaches and mainstream interventions.

5.8 *Evaluating Progress*

- Establish a provincial technical unit to monitor the efficiency and effectiveness of tobacco reduction strategies within British Columbia and include the evaluation of Aboriginal projects. Include research of emerging best practices within the mandate of this team.
- Monitor changes in smoking prevalence.
- Encourage projects to explore innovative ways of capturing process evaluation outcomes such as "project journals" and photograph and video logs.
- The most important evaluation question to answer is "Did the community participate?"



6.0 Conclusion

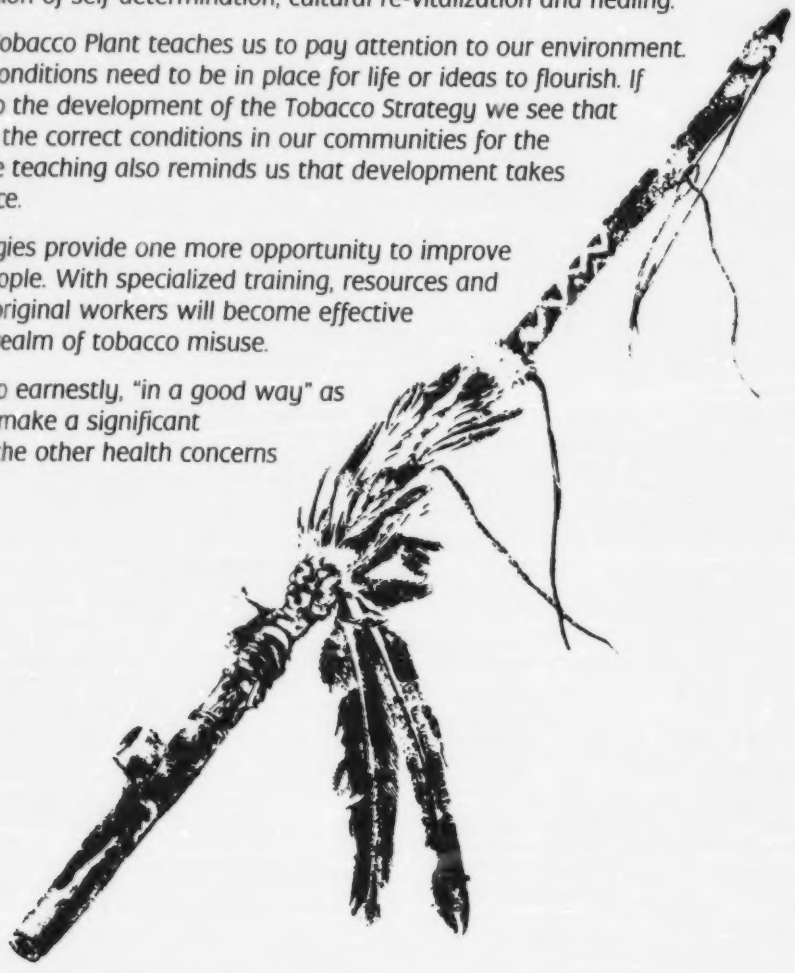
As serious as tobacco misuse is, Aboriginal communities have overcome challenges far worse. Everywhere in Canada, even in the most desperate conditions, Aboriginal people are gathering strength and power. Aboriginal practitioners have years of experience in providing addiction services and are leaders when it comes to blending mainstream interventions with rich cultural traditions to create innovative programs. We can draw inspiration from communities with experience.

Community consultations and recommendations from the demonstration projects stressed the necessity of responding to the issues that underlie all addictions–poverty, despair, boredom, and cultural alienation–to name a few. If tobacco initiatives are to be embraced, they must be part of the greater vision of self-determination, cultural re-vitalization and healing.

The story of the Sacred Tobacco Plant teaches us to pay attention to our environment. It tells us that the right conditions need to be in place for life or ideas to flourish. If we apply this teaching to the development of the Tobacco Strategy we see that our first step is to create the correct conditions in our communities for the strategy to take root. The teaching also reminds us that development takes time and requires patience.

Tobacco reduction strategies provide one more opportunity to improve the lives of Aboriginal people. With specialized training, resources and supportive networks, Aboriginal workers will become effective agents of change in the realm of tobacco misuse.

If the work is entered into earnestly, "in a good way" as our Elders say, we could make a significant contribution to many of the other health concerns of Aboriginal people.



Project Profiles

In October 1999, The Aboriginal Health Division and the Tobacco Reduction and Control Branch of the Ministry of Health launched a one year tobacco demonstration initiative in order to:

- Act on recommendations from the March 1999 Tobacco & Aboriginal Health Conference.
- Explore community receptivity to tobacco reduction initiatives.
- Assess and build community capacity.
- Test adaptability of mainstream interventions within Aboriginal settings.
- Create Aboriginal best practices and resources.
- Initiate network development.
- Generate enthusiasm and commitment among Aboriginal people to reduce/eliminate tobacco misuse.
- Use the experience of the demonstration projects, previous tobacco initiatives and the guidance from the Tobacco Working Group and Elders to create the British Columbia Aboriginal Tobacco Strategy.

Demonstration Projects

The response to the call for applications was overwhelmingly positive. Seventy-six organizations applied with requests for funding that totaled over one million dollars. Twenty-nine projects received funding. A Tobacco Working Group oversaw the selection of the projects. Careful attention was paid to regional representation, as well as balancing prevention, protection, cessation and promotion projects in their selection of projects. Eighteen of the projects were on reserve and eleven took place off reserve.

Community Programs

The projects succeeded in raising public awareness, enlisting community support and implementing both school and community programs. Programs were designed to be flexible, fun, and focused on change rather than cessation. Participants praised project staff for facilitating reduction groups that combined cultural approaches such as teachings from Elders on traditional medicines, with mainstream approaches such as pharmacological aids. Communities had opportunities to test run curriculums and adapt them to fit the unique needs of their community.

School Programs

School-based activities reached hundreds of children. In spite of busy schedules, teachers were eager to participate and students were delighted to have Elders teach them about Traditional Medicines and Sacred Use of Tobacco. Community Feasts were welcomed celebrations and excellent ways of honouring those who quit smoking (or at least tried). Health Fairs showcased children's essays and posters. Several project staff familiarized themselves with the Ministry of Health resources, including bc.tobaccofacts and Kick the Nic curriculum. Gasp magazine was a hit in adolescent circles.

Public Education/Policy/Compliance

Projects which focused on tobacco sales to minors found that young people had easy access to tobacco products through friends and family. The vast majority of stores that sold tobacco on reserve complied with the provincial Tobacco Sales Act and did not knowingly sell tobacco to minors. Communities believe the best way to address the problem of access to tobacco by minors, is to educate families and store owners and to change social norms - rather than through stronger laws or stricter enforcement. Some communities want to explore the idea of creating "point of purchase" signs in their own language and incorporating symbols from their own culture in the design. Others plan to continue their community campaigns for smoke-free homes, bingo halls and community events.

Taxation and Revenue

Tobacco is sold on reserve at substantially lower prices than it is off reserve. Status Indians can purchase "Indian cigarettes" for about $4.00 per package and cartons for as little as $35.00 (compared to $7.55 and $50.00). Although research has shown that increasing the price of tobacco helps to decrease its use, especially among youth, the issue of taxation and economic alternatives to selling tobacco needs further research within Aboriginal community contexts.

"SHAMAN"

SHAMAN: A HEALER, MEDICINE MAN.
RAVEN: A TRICKSTER, REPRESENTS FATES.
THIS DEPICTION SEES SHAMAN STRUGGLING
AGAINST TRICKSTER'S GRASP, IN THE FIGHT
FOR THE SACRED; CELEBRATING THE
TRIUMPH OF THE HUMAN SPIRIT OVER
THAT WHICH HOLDS AND BINDS US.

The following provides a brief description of each of the demonstration projects. Organizations who are interested in exploring tobacco education in their communities are encouraged to contact the projects directly for further information.

REGION ONE: Lower Mainland

Lu'ma Native Housing Society

Lerinda Swain and Mary Vljevic
301-7 West Seventh Avenue
Vancouver, B.C. V5Y 1L4
Tel: (604) 876- 0811 Fax (604) 876-0999

- facilitated 6 support group sessions based on the "Catching our Breath" model
- bus tickets, child care, snacks and self-care items were provided at the meetings
- held 3 health promotion meetings where the facillatator talked about tobacco use and hot lunch was served
- health educator hosted two (a youth and an adult) drop in Talking Circles, in which materials showing health information were displayed

GRANT AMOUNT: $4,545.00

REGION TWO: Fraser Valley

Chawathil First Nations

Joe Page
Box 1659
Hope, B.C. VOX 1L0
Tel: (604) 869-9994 Fax: (604) 869-7614

- facilitated a weekly "I Quit" tobacco reduction support group based on the harm reduction model
- nicotine patches, Nicorette gum, and Zyban were made available when requested
- a poster contest for elementary school students yielded 25 entries regarding the students' feelings about tobacco using traditional themes
- the winner's design went on a T-shirt that was distributed at a celebratory feast to honour the participants and the community

GRANT AMOUNT: $4,000.00

Seabird Island Band

Carolyne Neufeld
PO Box 650
Agassiz, B.C. V0M 1A0
Tel: (604) 796-2177 Fax: (604) 796-3729

- facilitated two 12 week tobacco reduction support groups
- nicotine patches, Zyban, Butt Out, a herbal solution, and Nicorette gum were made available to participants

- information sessions about the health effects of tobacco, focusing on asthma and smoking were presented to 4 groups: a parent and tot group, a three's program group, an asthma group, and a pre- and postnatal group
- produced a display on the topic of tobacco consumption
- delivered 3 demonstration sessions on the effects of tobacco to Band staff, youth group, and school
- delivered the "Kick the Nic" program to grade 6 and 7 students
- 10 week support group for the high school students
- hosted a day-long training session by Deborah Schwartz for members of various bands
- an honouring session for the people who attended the support groups

GRANT AMOUNT: $10,000.00

Mission Indian Friendship Centre

Dave Wilson
33150A First Avenue
Mission, B.C. V2V 1G4
Tel: (604) 826-1281 Fax: (604) 826-4056

- 3 pamphlets and 1 flyer were designed and distributed to promote 3 different tobacco reduction programs:
  1. holistic approaches to healthy lifestyles
  2. support group based on a cognitive restructuring model
     - nicotine patches were made available
  3. detoxification and cold turkey skills program
     - 12 consecutive sessions for 2 hours each night
     - nicotine patches and Nicorette gum were made available
- each group ended with a celebratory feast, and each person who completed the full cycle of meetings received a certificate
- First Nations role models (singer, two young athletes, dancer, university student) spoke to the teenagers and young adults at the Youth Centre
- fruit baskets, juices, and herbal tea were available at all of the meetings
- held a colouring contest for elementary school children
- plan to enhance the "Kick the Nic" programs in schools

GRANT AMOUNT $10,000.00

REGION THREE: Thompson Okanagan Kootenay▲▼▲▼▲▼▲▼▲

Ktunaxa/Kinbasket Tribal Council

Ann Williams
7468 Mission Rd.
Cranbrook, B.C. V1C 7E5
Tel: (250) 489-2464 Fax: (250) 489-760

- facilitated cross-cultural workshops and information sessions in schools about traditional vs. non-traditional use of tobacco
- many props, such as photographs, posters and models of lungs affected by tobacco use, and a model of a child that showed the effect of second hand smoke were displayed
- dried tobacco leaves were on display to demonstrate the difference between the leaves and cigarettes
- handouts with information about tobacco and tobacco harm reduction were distributed to the students
- students were advised to seek out the Elders if they wanted additional information about traditional uses of tobacco
- workshops in schools were held during lunch time and lunch was provided
- sessions held in the Band Offices were attended by both adults and children

GRANT AMOUNT: **$5,000.00**

Conayt Friendship Centre

Box 1989
Merritt, B.C. V1K 1B8
Tel: (250) 378-5107 Fax: (250) 378-6676

- 2 traditional support workers facilitated formal and informal tobacco reduction groups in the community using existing resources ("Catching our Breath" and from tobacco websites)
- advertised for a "Learning to Quit" program, distributed posters, and did face to face recruiting
- spent time on a one to one basis with participants who received support, information and quitting aids
- facilitated discussions and display tables with handouts at:
  - the Native Junior Hockey league game and distributed questionnaires to find tobacco smoking and chewing prevalence
  - the BC Aboriginal Arts Festival
  - an employment readiness program
- facilitators networked with the community by attending the Hand Drumming group, participating in a sweat lodge, and visiting with Elders to talk about traditional tobacco use

GRANT AMOUNT: $6,766.00

Penticton Indian Band

Denise Lecoy
RR#2, S-80, C-19
Penticton, B.C. V2A 6J7
Tel: (250) 493-0048 Fax: (250) 493-2882

- Health Department hosted a community-wide "Celebration of Health" event that promoted healthy lifestyle choices

- event started with a 5 Km walk, run, or bike through a designated course
- an active Elder opened the event and spoke of the importance of healthy living
- a T-shirt designed with the hand prints of 5 community members, who shared what role tobacco played in their life, as well as the reasons behind their choices with respect to their own tobacco use (or non-use), was given to all participants of the "Celebration of Health"
- a healthy lunch was provided while attendants were free to wander around and take in the 8 displays developed by members of the department that promoted choices for healthy living
- proper nutrition, regular exercise, traditional medicines, tobacco reduction were emphasized
- a workshop on the traditional uses of tobacco and other local plants/medicines concluded the event

GRANT AMOUNT: $4,000.00

Akisqnuk Health Centre

Clarissa Stevens
PO Box 187
Windermere, B.C. V0B 2L0
Tel: (250) 342-6379 Fax: (250) 342-6279

- community based approach to encourage smoke free homes in two communities
- visited with Elders talking about traditional uses of tobacco
- children designed posters, which were hung in the Band halls, as well as a smoke free homes logo
- every child and youth in each community received a T-shirt with the smoke free homes logo
- families who were smoke free were rewarded with a smoke free homes sticker for their door and a dinner

GRANT AMOUNT: $3,500.00

St. Mary's Indian Band, Community Health

Irena Whitehead
SS#3, S-15, C-55
Cranbrook, B.C. V1C 6H3
Tel: (250) 426-5717 Fax: (250) 426-8935

- various workshops were arranged for children, both on and off reserve
- on reserve youth groups were presented with information about the origin of tobacco, non-traditional uses of tobacco, and health hazards surrounding the use of tobacco
- an Elder spoke to the youth regarding traditional tobacco use
- a tobacco planting project was initiated for the on reserve school, in which youth had the opportunity to grow their own tobacco from seed

- youth wrote essays regarding tobacco use and what they learned from their workshop
- Zyban and the patch were made available to people who signed up at the Community Health Office

GRANT AMOUNT: $5,000.00

NK'mip Health Services

c/o Osoyoos Indian Band
Brenda Baptiste
RR#3, S-25, C-1
Oliver, B.C. V0H 1T0
Tel: (250) 498-6935 Fax: (250) 498-6965

- tobacco vendors were given a questionnaire asking about their policy for selling tobacco to minors
- a questionnaire was distributed to find out the number of students who used tobacco products and which groups required more information
- educational material on preventative methods of tobacco use was sent out with the local Band newsletter to all Band members
- material has been gathered for parents who have children under the age of 19 about how to talk to their children about smoking, even if the parents themselves smoke
- scheduled physical activities took place in an all day event for students and parents to show that in order to be active they need to be smoke free
- certificates recognizing efforts to become healthier were made up for those who have quit smoking
- younger students made posters about being smoke free, cleaner air, and the effects of smoking on the environment
- prizes were handed out recognizing participation in the games and activities for the day

GRANT AMOUNT: $8,000.00

Bonaparte Indian Band

George Kaliszewski
Box 669
Cache Creek, B.C. V0K 1H0
Tel: (250) 457-9624 Fax: (250) 457-9550

- 27 youth participated in a drawing contest
- an Elder attended 2 meetings with the youth to teach about the traditional use of tobacco
- pictures of smoke filled lungs, the effects of snuff, and what illnesses are caused by smoke and second-hand smoke were shown to youth
- a calendar was made with 12 of the youths' drawings, it also included Band activities, Health Awareness dates and information

- calendars were given to each Band membership and will be used as door prizes at monthly workshops
- "No Smoking" signs were distributed in the Band office and hall
- future workshops will be held with tobacco use, both traditional and non-traditional, on the agenda

GRANT AMOUNT: $4,500.00

Ki-Low-Na Friendship Society

Assunta Rosal
442 Leon Avenue
Kelowna, B.C. V1Y 6J3
Tel: (250) 763-4905 Fax: (250) 861-5514

- two 12 session support groups with a Friendship Centre staff group and youth group were held
- a questionnaire was distributed to staff members within the office to see how many people smoked and how many were interested in quitting
- the youth were contacted through youth workers and asked if they were interested in a smoking cessation program
- the groups shared stories, had discussions, and were educated about traditional and non- traditional uses of tobacco, which included a presentation of Native plants and traditions by a First Nations individual

GRANT AMOUNT: $7,500.00

REGION FOUR: Vancouver Island/Central Coast ▲▼▲▼▲▼▲▼▲▼

Young Adult Secondary Program

Jillian Walkus
Box 5120
Tsulquate Reserve
Port Hardy, B.C. V0N 2P0
Tel: (250) 949-8332 Fax: (250) 949-8349

- approximately 200 people in six categories: child, teen, young adult, adult, elder were interviewed about the role of tobacco in their lives
- students were interviewed while they made posters and a book about tobacco, while others watched the video "Critics Choice"
- students were interviewed in their homes and at school
- a candidate was selected from each group to be a community role model
- a set of five posters was created featuring pictures of the role models
- a community luncheon was held to release the posters and honour the role models

GRANT AMOUNT: $3,850.00

Laichwiltach Family Life Society

Audrey Wilson
200-1381 Cedar Street
Campbell River, B.C. V9W 2W6
Tel: (250)286-3430 Fax: (250) 286-3483

- a Tobacco Awareness Group made up of teen role models was assembled and trained to deliver presentations
- they were instructed about the traditional use of tobacco amoung First Nations people by an Elder
- the group chose and decided on what tobacco resources they would use in their presentations
- they delivered presentations based on their tobacco use training in a large number of schools and to five Bands, and assembled a display on the theme of traditional use of tobacco and the effects
- the project also presented a display on the theme of traditional use of tobacco and the effects of its misuse at the Provincial Aboriginal Youth Conference held at the Squanish Nation Recreation Centre

GRANT AMOUNT: $5,000.00

Port Alberni Friendship Centre

Cindy Stevens
3555 Fourth Avenue
Port Alberni, B.C. V9Y 4H3
Tel: (250) 723-8281 Fax: (250) 723-1877

- facilitated a 10 session "Kick the Nic" support group for teenagers
- each session had an Elder participating, also in attendance were the Friendship Centre's Child and Youth Support Worker, 3 First Nations Youth Resource Program Delegates, and the Regional Tobacco Reduction Coordinator attended some sessions
- "Cope Kits" which included cinnamon chewing gum, pencils, candies, and a doodle pad were handed out to the participants
- the support group emphasized that the group was for support and information, not to pressure them to quit

GRANT AMOUNT: $7,220.00

SH'ulhetun Health Society

Paul Lewis-Willie
PO Box 150
9140 Chemainus Road
Chemainus, B.C. V0R 1K0
Tel: (250) 246-2729 Fax: (250) 246-3230

- two groups attended 10 week tobacco reduction meetings

- weekly meetings usually began with a presentation followed by group discussion on a variety of topics from the history of tobacco to the effects of second-hand smoke, stress reduction, and related health issues, videos were shown and pamphlets were handed out
- participants' carbon monoxide levels and lung capacity were measured weekly

GRANT AMOUNT: $8,000.00

Hiiye'yu Lelum Society

Debbie Williams
PO Box 1015
205 —5462 Trans Canada Highway
Duncan, B.C. V9L 3Y2
Tel: (250) 748-2242 Fax: (250) 748-2238

- facilitated 8 adult discussion groups about smoking and change
- gave 4 presentations in existing groups:
  - pre employment group
  - Healthiest Babies Possible group
  - youth group
  - young girls group
- did presentations at three different schools (Quamichan, Koksilalah, Queen of Angels) which involved a Jeopardy game with tobacco related questions, a tobacco quiz, and facilitated a discussion about tobacco use
- some groups were co-facilitated by student role models and a youth worker
- produced a poster using children's artwork with message about the importance of smoke-free homes

GRANT AMOUNT: $7,000.00

Métis Community Services

Dana Lyn Seaborn
843 Yates Street
Victoria, B.C. V8W 1M1
Tel: (250) 480-0006 Fax: (250) 480-0802

- organized an Annual Aboriginal Family Health Fair on the theme of traditional and ceremonial uses of tobacco and smudging in Aboriginal Prairie culture
- health professionals were invited to attend and set up display booths and to give presentations on their area of expertise:
  - a herbalist offered information on herbal alternatives to smoking tobacco.
  - a nurse from the Capital Health Region gave an overview of the health programs available in the region.
  - a dental hygienist spoke about the risk to the mouth and teeth from smoking.

a birth control educator from the Vancouver Island Birth Control Clinic spoke about the impact of smoking on the fetus.
a cranial sacral specialist spoke about and demonstrated the use of cranial sacral therapy.
a member of the Midwifery Consumer Network talked about how smoking caused low birth weight.
a spiritual healer spoke about the difference in smoking tobacco for spiritual reasons and smoking cigarettes.
a pipe carrier, and an Elder told legends of how the Aboriginal People received tobacco and explained the importance of the plant.

- the fair featured a women's circle which discussed healthy lifestyle changes as a way to quit smoking
- a traditional drum group performed, a tee-pee was set up with a fire going inside of it, children were given safe activities to participate in while parents sought out health information
- healthy food was provided to all attendants

GRANT AMOUNT: $5,000.00

REGION FIVE: North East

Williams Lake Indian Band

Jennie Walker
RR#3, Box 4, Sugar Cane
Williams Lake, B.C. V2G 1M3
Tel: (250) 296-3507 Fax: (250) 296-4750

- a Coordinator and two teenage students developed a tobacco use survey and were trained as interviewers
- designed a brochure about tobacco misuse for the community
- the Coordinator and the teens gave a presentation about the traditional and non-traditional uses of tobacco and then administered the surveys
- elementary school students participated in a film and pizza session
- Band office staff were asked to quit smoking at work for one day a week for the duration of the project, a presentation about cessation was given to the staff members and some teens
- the staff members signed a contract stating that they would not smoke
- a community luncheon, catered by the teens, completed the project

GRANT AMOUNT: $3,440.00

Carrier Sekani Family Services

Leonard Ward
PO Box 1219
Vanderhoof, B.C. V0J 3A0
Tel: (250) 567-2900 Fax: (250) 567-2975

- facilitated 12 workshops in each of three elementary Band schools on the topic of Aboriginal tobacco use, abuse, and prevention
- the workshops were co-facilitated by a Pipe Carrier to provide the cultural component to the workshops, a Community Health Nurse attended most of the workshops and provided health information
- posters and colouring books were distributed and the children were encouraged to enter a poster contest on the theme of tobacco use
- each school was visited a second time for a follow-up workshop, in which information from the first workshop was reviewed and additional information about tobacco use was presented
- a third round of workshops gave final closure to the project
- teachers and students evaluated the workshops and selected a winning poster

GRANT AMOUNT: $4,500.00

REGION SIX: North West ▲▼▲▼▲▼▲▼▲▼▲▼▲▼▲▼▲▼▲▼▲▼▲▼

Kitsumkalum and Kitselas Communities

Cynthia Morris
PO Box 544
Terrace, B.C. V8G 4B5
Tel: (250) 635-6172 Fax: (250) 635-6182

- 3 youth nights that focused on smoking, peer pressure, and assertiveness were held in the Kitsumkalum and Kitselas Communities
- Kitsumkalum had 2 groups facilitated by the Band Youth Worker and the CHN
- Kitselas had 1 group facilitated by the Alcohol and Drug worker and the CHN
- Elders were present for one session in each community
- the groups began with pizza and introduction, followed by a video "Truth or Dare" about teen smoking
- the facilitators then talked about the incidence of heart disease among Native people and the correlation of heart problems with smoking, a discussion involving all of the youth about why people smoke
- the Community Health Nurse then spoke about traditional and non-traditional uses of tobacco
- a tobacco reduction display, which consisted of a number of props, such as Smoky Sue, a lung display, the ABCs of smoking flip chart, posters, and the Public Health Units's "Poison Box" which holds objects made of the same chemicals as cigarettes, was assembled by the Band Community Health Nurse and displayed at a Community Health fair

GRANT AMOUNT: $988.00

Iskut First Nation

Feddie Carlick
Box 30
Iskut, B.C. V0J 1K0
Tel: (250) 234-3331 Fax: (250) 234-3200

- youth designed, produced and distributed a brochure that educates Band members about tobacco
- youth spoke with Elders about the traditional uses of tobacco and researched tobacco on the Internet
- the brochure also provided them information about how to quit, and where to get support and cessation aides in a language that is relevant to them

GRANT AMOUNT: $3,000.00

Numawta Counseling Program

Miingung Mulligan
PO Box 392
Bella Coola, B.C. V0T 1C0
Tel: (250) 799-5525 Fax: (250) 799-5912

- held a 10 day wilderness treatment in a remote logging camp
- attended by a group of men who had structured and unstructured time every day
- the treatment comprised of psychoeducational healing circles, group process, one-on-one, outdoor activities (i.e. hiking, hunting), and a sweat lodge
- the nicotine patch was made available for withdrawal symptoms

GRANT AMOUNT: $8,500.00

Friendship House Association of Prince Rupert

Tina Cameron
744 Fraser Street
Prince Rupert, B.C. V8J 1P9
Tel: (250) 627-1717 Fax: (250) 627-7533

- started a theater group, in which snacks and beverages were available, and wrote a script about tobacco use
- 10 recreation activity sessions were held at the Civic Centre, youth between the ages of 10-31 played basketball, floor hockey, soccer, and badminton
- a Garden Club consisted of youth that cleaned garbage, made a picnic area, and grew some flowers near the Friendship House
- distributed Blue ribbons, stickers, and posters for national non-smoking week
- facilitator attended a meeting on tobacco reduction at a local high school with a Health unit representative
- made pamphlets for the pregnancy outreach program as well as a pamphlet concerning the truth about tobacco

GRANT AMOUNT: $9,000.00

Taku River Tlingit First Nation

Denise Yeomans
PO Box 132
Atlin, B.C. V0W 1A0
Tel: (250) 651-7755 Fax: (250) 651-7654

- a two-day event involving the Community Health Representative, the Yukon Tobacco Reduction Coordinator, and a Yukon youth speaker
- on the first day, the Yukon TRC facilitated three information and awareness sessions with elementary and high school students in the local public school
- the presentations utilized some props: the lungs, the new cigarette packages with the warning labels, many pictures, advertisements, and BC commercials on quitting smoking
- on the second day of the event, the Community Health Representative and the Yukon Tobacco Reduction Coordinator, facilitated an informal discussion about strategies and techniques for conducting low-cost prevention and reduction activities
- an information session open to all band staff members, all First Nations members in the community, and all people in Atlin was held, in which commercials were shown and information about the consequences of smoking was provided
- a feast was held to honour the facilitators, celebrate the achievement, and to focus the attention of the community on the issue of smoking and tobacco chewing, followed by a variation of bingo in which gifts were distributed among the participants

GRANT AMOUNT: $3,266.00

Gitsegukla Health Programs and Services

Tania Moore
Box 25, Seymour Avenue
South Hazelton, B.C. V0J 2R0
Tel: (250) 849-5233 Fax: (250) 849-5231

- an Elders Teaching and Advisory Council was created to teach children and community members about the traditional uses of tobacco
- hosted two mother and daughter teas focusing on positive choices and traditional use of tobacco
- hosted Tobacco Use Information/Education Sessions in which cessation aids (Zyban and the patch) were made available to those wishing to quit
- participants met with the doctor who visited once a week to have informal one to one discussions, the Community Health Nurse was also available to meet with people
- CHN facilitated "Heart Party" in which food and beverages were served; participants also had blood pressure and weight taken, information about heart disease prevention, including information about tobacco use, was distributed

- facilitated 3 elementary school presentations which included a container of the poisons found in cigarettes, colouring books
- T-shirts and magnets were designed by students
- a sweat lodge was built and sweat lodge ceremonies were taught

GRANT AMOUNT: $6,000.00

Haida Health Centre

Angela Brown
PO Box 176
Masset, B.C. V0T 1M0
Tel: (250) 626-3911 Fax: (250) 626-3357

- presentations using the "Truth or Dare" video were made to 5 groups of students in elementary and high school about the effects of smoking
- addictions counselors, teachers, and students shared their stories about tobacco use and addiction in a discussion circle
- some students made posters to put up around town and interest surrounding the production of a video about the effects of tobacco was expressed

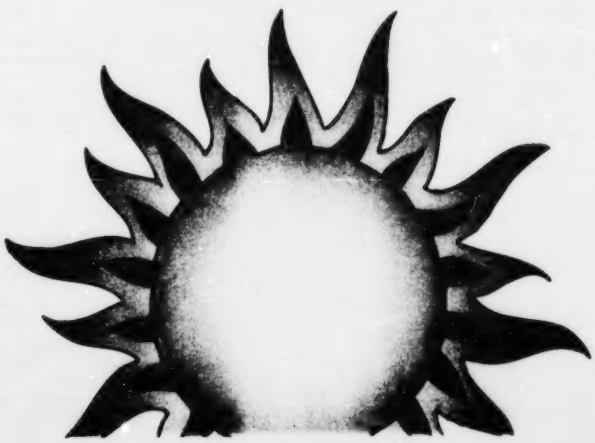
GRANT AMOUNT: $3,379.00

Metlakatla Band

Fanny Bolton
PO Box 459
Prince Rupert, B.C. V8J 3P2
Tel: (250) 628-3209 Fax: (250) 628-9205

- facilitated a tobacco awareness group about the dangers of smoking that was attended by the children of Metlakatla
- the children made posters on smoking and wrote essays on "What Smoking Means to Me"
- the posters were put up at the Community Hall and a non-smoking community feast was held
- after dinner, the youth read their essays; other speakers gave presentations
- all of the children that participated received a "Circle of Smoke" T-shirt
- a tobacco resource library has been started in the Band Council office

GRANT AMOUNT: $2,500.00



References

Allen, William., and Doherty, William. (Sept. 1994). Family Functioning and Parental Smoking as Predictors of Adolescent Cigarette Use. Journal of Family Psychology, Vol.8, No.3, 347-353.

American Indian Tobacco Education Network (AITEN). Tobacco Policies for American Indian Communities.

Angus Reid Group. (1997). Tobacco Use in British Columbia: British Columbia Aboriginal Population. Aboriginal Report, Appendix A, Ch.5.

Assembly of First Nations. (June 1997). Sharing our Healing: National Health Conference Assembly of First Nations. Health Conference Report. Territory of Akwesasne, Cornwall, ON.

British Columbia Ministry of Health and Ministry Responsible for Seniors. (1996). Feature Report: Women's Health. Victoria, B.C. (Copies of this report are available from The Office of the Provincial Health Officer, 3rd Floor Jack Davis Building, 1810 Blanshard St., Victoria, B.C.)

Centers for Disease Control and Prevention. (1999). Best Practices for Comprehensive Tobacco Control Programs. Office on Smoking and Health, 4770 Buford Hwy., N.E., Atlanta, GA.

COMMIT Research Group, (Nov. 1991). Community Intervention for Smoking Cessation (COMMIT): Summary of Design. Journal of the National Cancer Institute, Vol. 83, No. 22, pp 1601-1700.

Elder, J., Schmid, T., Dower, P., and Sonja Hedlund. Community Heart Health Programs: Components, Rationale, and Strategies for Effective Interventions. Journal of Public Health Policy. Vol.14, No. 4.

Health Canada. (1995). A Statistical Report On The Health of First Nations in British Columbia. Medical Services Branch. 540-757 West Hastings, Vancouver, B.C.

Health Canada. (1995). Tobacco Use Among Aboriginal Peoples. Fact Sheets. Minister of Supply and Services. Cat. H39-331/1-1995E.

Health Canada. (Nov. 1999). **A Second Diagnostic on The Health of First Nations and Inuit People in Canada**. World Wide Web: http://hwcweb.hwc.ca/msb/fnihp/pdfl/diag2e.pdf

Holmberg-Schwartz, Deborah. (1997). **Catching Our Breath: A Journal About Change for Women Who Smoke**. Women's Health Clinic, 3rd Floor-419 Graham Ave., Winnipeg, MB.

Institute of Health Promotion Research. (May 1994). **Recommendations For A British Columbia Tobacco Control Strategy**. University of British Columbia, Vancouver, B.C.

Lockhart, Sandy. (1998). **Tobacco Reduction Strategy Study: Data Analysis and Strategic Recommendation Report**. Aboriginal Health Association of B.C.

McCormick, Rod. (2000). **Aboriginal Traditions in the Treatment of Substance Abuse**. Canadian Journal of Counseling, Vol.34:1.

Mittelmark, M., Hunt, M., Heath, G., and Schmid., T. (1993). **Realistic Outcomes: Lessons from Community-Based Research and Demonstration Programs for the Prevention of Cardiovascular Diseases**. Journal of Public Health Policy, Vol. 14, No. 4.

National Strategy to Reduce Tobacco in Canada, Advisory Committee on Population Health. (1999). **New Directions for Tobacco Control in Canada: A National Strategy**.

Ornish, Dean.(1998). **Love & Survival: The Scientific Basis for the Healing Power of Intimacy**. HarpersCollins Publishers, Inc. 10 East 53rd St., New York.

Reading, Jeff. (1996). **Eating Smoke: A Review of Non-Traditional Use of Tobacco Among Aboriginal People**. Health Canada. Minister of Public Works and Government Services. Cat. No.: H34-71/1996E.

Reading, Jeff., Allard, Y. (1997). The Tobacco Report: First Nations and Inuit Regional Health Survey. First Nations and Inuit Regional Health Survey National Steering Committee.

Schwartz, R., et al. (1993). Capacity Building and Resource Needs of State Health Agencies to Implement Community-Based Cardiovascular Disease Programs. Journal of Public Health Policy. Vol.14, No. 4.

Statistics Canada. (2000). 1996 Census: Aboriginal Data. The Daily. World Wide Web: http: //www.statcan.ca/Daily/English/980113/d980113.htm

Statistics Canada. (2000). 1996 Census: Persons Registered Under the Indian Act, Living On and Off Reserve. World Wide Web: http://www.statcan.ca/english/Pgdb/People/Population/demo37.htm

Statistics Canada. (2000). Canadian Statistics: Population. World Wide Web: http://www.statcan.ca/english/Pgdb/People/Population/demo02.htm.

Statistics Canada (1997). Information: Definitions. World Wide Web: http://www.inac.gc.ca/pubs/information/info101.html

World Health Organization. (1999). Combating the Tobacco Epidemic. World Wide Web: http://www.who.int/toh/

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Programs/Resources▲▼▲▼▲▼▲▼▲▼▲▼▲▼▲▼▲▼▲▼▲▼▲▼▲▼▲▼

We encourage groups to familiarize themselves with the tobacco education projects conducted by other Aboriginal groups. The following list provides some examples of models and programs that groups may be interested in implementing or adapting.

Aniqsaatdarniq - Breathing Easy - Community Resource Kit
Pauktuutit Inuit Women's Association of Canada
192 Bank Street
Ottawa, ON K2P 1W8
Tel: (613) 238-3977 Fax: (613) 238-1787

Catching Our Breath: A Journal about Change for Women Who Smoke
Women's Health Clinic
419 Graham Avenue, 3rd Floor
Winnipeg, MB R3C 0M3
Tel: (204) 947-1517 Fax: (204) 943-3844

Changing by Choice
AWARE
P.O. Box 86, Kingston, ON K7L 4V6
Tel: (613) 545-0117 Fax: (613) 545-1508
Email: aware@limestone.kosone.com

***Eating Smoke:**

A Review of Non-Traditional Use of Tobacco Among Aboriginal People
Researched, written and produced for Health Canada by Jeffrey L. Reading, Ph.D.

Integrated Tobacco Recovery for Urban Aboriginal Adults and Adolescents

Nechi Institute
P.O. Box 34007
Kingsway Mall
Edmonton, AB T5G 3G4
Tel: (403) 458-1884; 1-800-459-1884 Fax: (403) 458-1883 Email: nechi@Nechi.com

Kichi Chistemaw Pimatisiwin (Tobacco is the Way of Life)

Native Women's Transition Centre
105 Aikins Street
Winnipeg, MB R2W 4E4 Tel: (204) 989-8240 Fax: (204) 586-1101

Kick the Nic

- A Resource Designed for Health and Educational Professionals Wanting to Support Teens to Quit Using Tobacco
BC Ministry of Health
Tel: 1-800-465-4911

***NASAWIN**

Union of Ontario Indians Health Office
a/s Curve Lake First Nation
Curve Lake Post Office, Curve Lake, ON K0K 1R0
Tel: (705) 657-9383 Fax: (705) 657-2341

Sacred Plant, Sacred Ways

National Association of Friendship Centres
275 Maclaren Street
Ottawa, ON K2P 0L9
Tel: (613) 563-4844 Fax: (613) 594-3428

Smoke Free Journey

Northern Family Health Society
1010 - 4th Avenue
Prince George, B.C. V2L 3J1
Tel: (250)561-2689 Fax: (250) 562-2592

Stop Smoking

A Program for Women: Facilitator's Guide and Video Asking to Listen -
A Resource for Service Providers
Canadian Public Health Association
1565 Carling Avenue, Suite 400
Ottawa, ON K1Z 8R1
Tel: (613) 725-3769 Fax: (613) 725-9826 Email: hrc/cds@cpha.ca

***Protecting Our Families:**

Resource Manual on the Non-Traditional Use of Tobacco in First Nations and Inuit Communities
National Indian & Inuit Community Health Representatives
P.O. Box 1019
Kahnawake, Qc, Mohawk Territory, J0L 1B0

(Note: Resources with an * are available free of charge from the Health Programs Support Division, Medical Branch, 20th Floor, Jeanne Mance Building, Postal Locator 1920A, Ottawa, ON. K1A 0L3, Fax (613) 954-8107 or e-mail FNIHP_Clearinghouse-Centre_d'information_PSPNI@hc-sc.gc.ca They also have a catalogue of First Nations and Inuit Health Programs.)

WEBSITES

American Indian Tobacco Education Network
http://www.crihb.org/aitenpage.htm

BC Ministry of Health
http://www.tobaccofacts.org and http://www.gov.bc.ca/hlth/

Canadian Cancer Society
http://www.cancer.ca

National Clearinghouse on Tobacco and Health
http://www.cctc.ca/ncth/index.html

Canadian Centre on Substance Abuse
http://www.ccsa.ca

Nechi Health Promotions and Population Health
http://www.nechi.com/hlthhis.html

Canadian Council For Tobacco Control
http://www.cctc.ca

Prevention Source BC
http://www.preventionsource.bc.ca

Canadian Public Health Association
http://www.cpha.ca

The Lung Association
http://www.lung.ca/index.html

Health Canada
http://www.hc-sc.gc.ca/hppb/tobaccoreduction

Traditional Native American Tobacco Seed Bank and Education Program
http://www.treaty7.org/friends/tnat/tnat.htm

Heart & Stroke Foundation: Tobacco Use in B.C
http://www.health.gov.bc.ca/tobacrs/index.html

Turtle Island Native Network
http://www.turtleisland.org/front/_front.htm

International Network of Women Against Tobacco
http://www.inwat.org

Visions:
http://www.visions.ab.ca/index_nojava.